



REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/776,488
	Filing Date	2/11/2004
	First Named Inventor	Zubok
	Art Unit	3738
	Examiner Name	Cheryl L. Miller
	Attorney Docket Number	SPINE 3.0-455 CONT VII

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000530

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 000530

OR

☐ Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Joseph P. Errico, SpineCore, Inc.

Signature

Date

9/21/04

Telephone

908-522-3460

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



*Total of 1 forms are submitted